

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

JUL 16 2007

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2008 (P.L. 110-161).

FEE TRANSMITTAL
For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 910.00)

Complete if Known

Application Number	10/624,866-Conf. #7654
Filing Date	July 22, 2003
First Named Inventor	Patrick J. Fitzgibbons, et al.
Examiner Name	J. R. Miller
Art Unit	3653
Attorney Docket No.	L0562.70046US00

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account: Deposit Account Number: 23/2825				Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fee (\$)	Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Small Entity Fee (\$)	Fees Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
--------------	--------------	----------	---------------	---------------------------

- 20 =	x	=	
--------	---	---	--

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------	----------	---------------

- 3 =	x	=	
-------	---	---	--

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 =	/50 =	(round up to a whole number) x	=	
---------	-------	--------------------------------	---	--

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00
1801 Request for continued examination (RCE) (see 37 ...)	790.00

SUBMITTED BY

Signature	<i>Scott J. Gerwin</i>	Registration No. (Attorney/Agent)	57,866	Telephone	(617) 646-8000
Name (Print/Type)	Scott J. Gerwin	Date	July 13, 2007		

Certificate of Mailing Under 37 CFR 1.8(g)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 13, 2007

Signature: *Eileen M. MacKenzie* (Eileen M. MacKenzie)